PTO/SB/06 (08-03)
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Undo	r the Paperwork	NT APPLICA	TION F	ee deteri	a collection of info	collection of information unle		ss it displays a valid OMB control number. Application of Docket Number.		
			Substitute	for Form PTO-	875			10	1613	673
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
	FOR	NUMBER	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
BASIC	FEE	1,0,,,,					s	OR		\$
OTA	R 1.16(a)) L CLAIMS		minus 20 =		1.			OR	x s=	
37 CFR 1.16(d) NDEPENDENT CLAIMS		s						OR	x s=	
	R 1.16(b))		minus 3 =		<u> </u>			1		
AULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+\$=	
If the difference in column 1 is less than zero, enter "In column 2.						TOTAL	<u> </u>	OR	TOTAL	
	CI	AIMS AS AME	NDFD -	PART II						
(7)	سمه ا	VIINO VO VIIIE	NOLO				-4000	OR	OTHER	
<u>D</u>	-1705_	(Column 1)		(Column 2)	(Column 3)	SMALL	ENIIIT	1.	SMALL	
<u></u>		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
삙	Total	AMENDMENT	Minus	20		x \$=		OR	x <u>s</u> =	
AMENDMENT	(37 CFR 1.16(c)) Independent	. /	Minus	" /.	=	x \$=		OR	x s=	
	(37 CFR 1.16(b)) (0							OR	+\$ =	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s=	1 1	OR	TOTAL	
						ADD'L FEE	L	J 0%	ADD'L FEE	-
		(Column 1)		(Column 2)	(Column 3)			٦	·	
누		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	•	Minus	**	=	x s=		OR	x \$=	
AMENDI	(37 CFR 1.16(d)) Independent	•	Minus	•••	=	x \$=		OR	x.s=	
	(07 CFR 1.16(b))							OR	+ 5 =	İ
<u>~</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL	1	OR	TOTAL ADO'L FEE	
						ADO'L FEE		_	NODE: CE	
		(Column 1)		(Column 2)	(Column 3)	,		_		
·		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE	.]	RATE	ADDI- TIONAL FEE
Į į	Total	AMENDMENT	Minus	#	=	x \$=		OR	x \$=	
ENDMENT	(37 CFR 1.16(d)) Independent	 	Minus	•••	=	x s=		OR	x \$=	
AME	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						OR	+ \$	=	
_⁴	FIRST PRESE	NTATION OF MULTIP	LE DEPEND		A 1. 10(0)/	TOTAL	_	OR	TOTAL	
l		column 1 is less ti				ADD'L FE	·		WINTER	٠ ــــــــــــــــــــــــــــــــــــ

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.